

Secondary Documentation LGA Task Group Samples Form (Rev 5/2006)

LGA:	Page 1 of 2
Name:	
Claiming Unit / Program:	
Month:	
Year:	

MAA ACTIVITY A, OUTREACH

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY B, OUTREACH

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY C, FACILITATING MEDI-CAL APPLICATION

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY D, TRANSPORTATION

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY E, CONTRACT ADMINISTRATION

#	Date	Where	What	With Whom	Other Details
1					
2					

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MAA ACTIVITY F, PP&PD

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY G, MAA/TCM COORDINATION

#	Date	Where	What	With Whom	Other Details
1					
2					

MAA ACTIVITY, TRAINING

#	Date	Where	What	With Whom	Other Details
1					
2					

TCM ACTIVITIES

#	Date	Where	What	With Whom	Other Details
1					
2					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____